



Monterey Board of Health Application for Witnessing of Percolation Tests

Date: _____

Site Address: _____

Assessor's Map #: _____ Lot # _____ Application Fee: \$200 per lot, for the first 3 hours, \$50.00 per hour thereafter

Name of Owner(s): _____

Mailing Address: _____

Phone #: _____ Requested Percolation Test Dates: 1. _____ 2. _____

Engineering Firm, Address, Telephone: _____

Contractor Firm, Address, Telephone: _____

_____ Repair _____ New Construction _____ Replacement _____ Upgrade

Cause of Failure, if known: _____
Use reverse side of this application for additional writing space

Reason for Repair/Upgrade: _____
Use reverse side of this application for additional writing space

Note: Fee must accompany application:

Please make check payable to: *Town of Monterey*

Return to: Town of Monterey 435 Main Rd P.O. Box 308 Monterey, MA 01245

PLEASE READ THIS STATEMENT: Any certification (and results) shall be forwarded to the approving authority, the designer and the property owner within 60 days of date of field testing. Failure to forward certifications (and results) to the approving authority shall be cause for revocation of the Site Evaluator's certification per 310CMR 15.018 (2).

FOR OFFICE USE ONLY:

Confirmed Perc Test Dates/Times: _____

Confirmed by: _____ **Date:** _____

Monterey Health Sanitarian

****** APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED ******

*****Please forward the soil evaluation to the Monterey Board of Health as soon as it becomes available*****